

RETURN OF SERVICE

Service of the Summons and Complaint was made by me ¹

DATE

7-6-07

Name of SERVER

Susan Pope

TITLE

Legal Assistant

Check one box below to indicate appropriate method of service



Served Personally upon the Defendant. Place where served:



Left copies thereof at the defendant's dwelling house or usual place of abode with a person of suitable age and discretion then residing therein.

Name of person with whom the summons and complaint were left:



Returned unexecuted:



Other (specify):

Certified mail to: Liberty Life Assurance Co.
175 Berkeley St., Mail Stop 10-B
Boston, MA 02116

STATEMENT OF SERVICE FEES

TRAVEL

SERVICES

TOTAL

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on

7-6-07

Date



Signature of Server

1516 Oak St., Suite 109
Alameda, CA 94501

Address of Server

(1) As to who may serve a summons see Rule 4 of the Federal Rules of Civil Procedure

United States District Court
NORTHERN DISTRICT OF CALIFORNIA

Jane Pence

ADR

SUMMONS IN A CIVIL CASE

CASE NUMBER:

v.

E-filing

007-03451 MJU

Liberty Life Assurance Company of Boston

TO: (Name and address of defendant)

LIBERTY LIFE ASSURANCE COMPANY OF BOSTON, 175 BERKELEY STREET, MAIL STOP 10-B,
BOSTON, MA 02116

YOU ARE HEREBY SUMMONED and required to serve upon PLAINTIFF'S ATTORNEY (name and address)

Laurence F. Padway, Esq.
Law Offices of Laurence F. Padway
1516 Oak Street, Suite 109
Alameda, CA 94501

Gregory A. Silva, Esq.
Stonehouse & Silva
512 Westline Drive, Suite 300
Alameda, CA 94501

an answer to the complaint which is herewith served upon you, within 40 days after service of this summons upon you, exclusive of the day of service. If you fail to do so, judgement by default will be taken against you for the relief demanded in the complaint. You must also file your answer with the Clerk of this Court within a reasonable period of time after service.

Richard W. Wieking

CLERK

DATE

JUL - 2 2007


(BY) DEPUTY CLERK

Pence

Law Offices Of
Laurence F. Padway
 1516 Oak Street #109
 Alameda, CA 94501

Liberty Life Assurance Company of Boston
 175 Berkeley Street, Mail Stop 10-B
 Boston, MA 02116

7005 0390 0002 3333 8066

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

CERTIFIED MAIL™



7005 0390 0002 3333 8066

7005 0390 0002 3333 8066

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only; No Insurance Coverage Provided)	
For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees	\$.75 2.65 \$ 3.40
Sent To Liberty Life Assurance Co. Street, Apt. No., or PO Box No. 175 Berkeley St., Mail Stop 10-B City, State, ZIP+4 Boston, MA 02116	
PS Form 3800, June 2002 See Reverse for Instructions	

